

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
December 4, 2014, 9:30 am to 12:30 pm
Polk County River Place, Room 1
2309 Euclid Avenue, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Thomas Bouska	Sharon Lambert (by phone)
Neil Broderick	Geoffrey Lauer
Thomas Broeker	Brett McLain (by phone)
Richard Crouch (by phone)	Rebecca Peterson (by phone)
Marsha Edgington	Michael Polich
Kathryn Johnson (by phone)	Marilyn Seemann
Betty King (by phone)	Suzanne Watson

MHDS COMMISSION MEMBERS ABSENT:

Jill Davisson	Lynn Grobe
Senator Jack Hatch	Deb Schildroth
Representative Dave Heaton	Patrick Schmitz
Representative Lisa Heddens	

OTHER ATTENDEES:

Marilyn Althoff	Hills and Dales
Theresa Armstrong	MHDS, Bureau Chief Community Services & Planning
Jess Benson	Legislative Services Agency
Teresa Bomhoff	Iowa Mental Health Planning Council/NAMI Greater DM
Lisa Bringle	Cherokee County
Eileen Creager	Aging Resources of Central Iowa
Diane Diamond	DHS Targeted Case Management
Marissa Eyanson	Easter Seals Iowa
Connie Fanselow	MHDS, Community Services & Planning/CDD
Jim Friberg	Department of Inspections and Appeals
Melissa Havig	Magellan Health Services
Jan Heikes	MHDS, Community Services & Planning
June Klein (by phone)	Brain Injury Alliance of Iowa
Dawn Mentzer	Rolling Hills Community Services Region
Liz O'Hara (by phone)	U of Iowa Center for Disabilities and Development
Emily Sarcone	Aging Resources of Central Iowa
Rick Shults	MHDS Division Administrator

WELCOME AND CALL TO ORDER

Suzanne Watson called the meeting to order at 9:35 a.m. and led introductions. Quorum was established with eight members present and six participating by phone. No conflicts of interest were identified for this meeting.

APPROVAL OF MINUTES

Neil Broderick made a motion to approve the minutes of the October 16, 2014 meeting as presented. Tom Broeker seconded the motion. The motion passed unanimously, with Richard Crouch, Kathy Johnson, Betty King, Sharon Lambert, Brett McLain, and Rebecca Peterson participating in the vote by phone.

ROLLING HILLS COMMUNITY SERVICES REGIONAL MANAGEMENT PLAN AMENDMENTS

Theresa Armstrong explained that Iowa Code provides that the initial regional management plans are to be approved by the DHS director, and any amendments to the plans are to be approved by the Director after consultation with the MHDS Commission. She said the proposed changes have been reviewed by Jan Heikes and Julie Jetter. The decision by Cherokee County to leave its former region (Sioux Rivers Mental Health and Disability Services Region) and join a new region is not part of the review, only the changes to the Rolling Hills Community Services Regional Management Plan that needed to be made as a result of that decision. The Director's approval is granted after the Department has determined that the proposed changes are consistent with Iowa Code requirements and the Commission has been consulted.

Jan Heikes presented a summary of the changes to the Rolling Hills plan proposed to bring Cherokee County into the region:

- Cherokee was added to the list of counties on the title page and on page 2.
- Cherokee County access points were added on page 26.
- Attachment D, the service grid on page 45 – Added adult day care to services for individuals with mental illness and developmental disability diagnoses to the non-core services. This is being done to provide continuing coverage to individuals living in Cherokee County for an interim period until there is an approved provider available for habilitation services.

Motion - Geoff Lauer made a motion to recommend that the Director approves the proposed amendments to the Rolling Hills Community Services Regional Management Plan. Neil Broderick seconded the motion.

Discussion – Geoff Lauer asked for clarification related to Attachment B, the application form and how identification of a primary diagnosis is made. Dawn Mentzer explained that when an application is filled out, multiple boxes are often checked and the primary diagnosis would be determined through an assessment process.

Vote – The motion passed unanimously, with Richard Crouch, Kathy Johnson, Betty King, Sharon Lambert, Brett McLain, and Rebecca Peterson participating in the vote by phone.

Tom Bouska asked if amendments will also need to be made to the Sioux Rivers Mental Health and Disability Services Region as a result of Cherokee leaving. Jan Heikes responded that changes will be necessary, but proposed amendments have not yet been submitted to DHS by the region.

COMBINED ANNUAL AND BIENNIAL REPORT

Commission members discussed the draft of their Combined Annual and Biennial Report to the Governor and the Legislature. Teresa Bomhoff shared a chart comparing the legislative priorities of various advocacy organizations and a preliminary report on the findings of the AMOS (A Mid Iowa Organizing Strategy) Mental Health Workforce Workgroup with the Commission.

Discussion:

Geoff Lauer suggested changing the order of the report or adding a table of contents to make it easier to readers to locate the recommendations for changes in Iowa law.

There were no comments on Part 1, the summary of activities.

Part 2, Legislative recommendations:

Priority 1, Funding – Neil Broderick commented that the waiting list for the Children’s Mental Health Waiver has increased 26% since the beginning of the year and said there were some very articulate people gathered at the Capitol yesterday to call attention the waiting list and gaps in children’s mental health services. Rick Shults said that four of the seven HCBS Waivers, the Physical Disability Waiver, the Brain Injury Waiver, the Health and Disability Waiver, and the Children’s Mental Health Waiver, all have waiting lists. There was an appropriation of \$6 million made by the legislature last year to reduce the waiting lists and also a discussion about how DHS has historically addressed waiting lists. Rick explained that a large number of new people cannot be served all at once. Since the appropriations bill was signed by the Governor, the Department has been filling 50 waiver slots per week on a first come, first served basis, processing applicants for all the waiver waiting lists in the order they applied. That means names are coming off the waiting lists for all the waivers, but each applicant will be taken in the date order of their applications and some of the waiting lists have more people recent application dates, so those lists may move more slowly. Since capacity cannot be built all at once, this allows people to be added with reasonable speed rather than waiting for enough capacity to allocate all the funds.

Rick went on to explain that when a waiver slot is released there is process that takes time because it includes an assessment, determination of eligibility, identification of providers, building a plan of care, and getting the plan approved. Jess Benson agreed, noting that he is aware those steps are happening, but it does take a while to complete the process.

Suzanne Watson commented that many people on the waiting list do not ever end up using a slot because they are not screened before they are placed on the waiting list, and when they are later assessed, they do not qualify for waiver services. Geoff Lauer asked if Rick knows how much of the appropriation IME (Iowa Medicaid Enterprise) will be able to expend year. Rick responded that IME is following the process he just described, and building in a way that can be sustained over time; that process is not likely to move quickly enough to use the entire appropriation this year, but more people are being added to more services as fast as the system allows. He said the funds are continuing to be expended

through that process, and he recognizes the frustration of families who are still waiting for services.

Teresa Bomhoff asked why some of the waivers do not have waiting lists. Jess Benson responded that the Elderly Waiver cannot be capped by federal law, so it never has a waiting list; there is very little demand for the HIV Waiver, so slots are available; and the waiting list for the Intellectual Disabilities (ID) Waiver is built into the budget each year, so slots are added as the need is identified. In response to a question, Rick Shults clarified that ID Waiver applications are temporarily on hold, but not part of the 50 slot per week process.

Tom Broeker commented that his region's plan allows funding for up to 90 days while people are waiting for ID Waiver services; if slots are on hold, however, individuals may need to wait longer than 90 days to move to waiver services.

Geoff Lauer asked Rick if he would explain how sustainability related to the use of the \$6 million appropriation. Rick responded that whenever more people are added to the waiver program, the cost of those services will need to be sustained in future years. If the program grows too fast, costs will increase beyond what the legislature has allowed. There is also the issue that only so many people can be added to the system at any given time. Tom Bouska said that it has to be accomplished within the capacity of Income Maintenance (IM) staff to complete all the necessary steps in the process.

Teresa Bomhoff asked if there is a special Medicaid match rate for HCBS services. Rick responded that it is the regular state FMAP rate, which has been increasing for Iowa over the last few years. Rick noted that waiver services are Medicaid-funded services that "waive" certain Medicaid rules. Teresa commented that the chart of advocacy group legislative priorities she shared shows that there are concerns about the HCBS Waiver program and there is interest in studying how it could be improved.

Recommendation 1.4 – Geoff Lauer suggested modifying the recommendation to reduce HCBS Waiver waiting lists and waiting time through additional funding and/or policy changes to also incorporate a recommendation for the creation of a legislative study committee to review policy, capacity, and funding issues.

The Commission requested more information on the HCBS Waiver program to be presented at their January meeting.

Priority 2, Workforce capacity – Tom Broeker suggested removing the reference to tax credits because those types of incentives do not seem to be particularly effective, and have a negative reputation for being misused. Teresa Bomhoff called attention to the AMOS workforce report that she shared, noting that it was based on input from professional organizations on what it would take to move more people from their profession into the workforce as quickly as possible. They identified four overriding issues:

- More training locations across the state
- Identification of an entity in charge of the long term effort
- Steps to make providers more financially viable and steps to make insurance companies more accountable

- Existing recruitment, incentive, and loan forgiveness programs that can be accessed by the mental health workforce need to be better funded and a loan forgiveness program specifically for the mental health workforce should be created and funded

Part 3, Services system - Tom Bouska suggested making a stronger statement about the development of the children's mental health system. He also suggested making additions to the concerns and identified gaps section:

- Step down services for youth moving out of MHIs and PMICs – because the child welfare system is becoming the default service provider even though it is not really appropriate because these are children who have not been abused or neglected and who do not belong in the juvenile justice system. Strengthen the point on development of a comprehensive children's system – focus filling a gap between PMICs and returning home for children as a step in building the system.
- Initiate a collaborative process for agencies to work together on children's mental health redesign, including DHS, IDPH, DoE, and others
- Add therapeutic schools as a need to for children who might otherwise be placed in PMICs or out of state

Geoff Lauer suggested moving funding for core services for people with brain injury into the identified gaps section.

Suzanne Watson summarized the changes proposed:

- Change the order of the report or adding a table of contents to highlight the recommendations
- Add a recommendation for the creation of a legislative study committee to review policy, capacity, and funding issues for HCBS Waivers
- Remove the reference to tax credits under the workforce priority
- Making a stronger statement about the development of the children's mental health system, including suggesting step down services for youth moving out of MHIs and PMICs, a collaborative process for agencies to work together on children's mental health redesign, and adding a recommendation for therapeutic schools
- Moving funding for core services for people with brain injury into the identified gaps section

Motion and Vote - Neil Broderick made a motion to approve the report with the content changes as outlined by Suzanne. Tom Broeker seconded the motion. The motion passed unanimously, with Richard Crouch, Kathy Johnson, Betty King, Sharon Lambert, and Brett McLain voting by phone. Rebecca Peterson was not available to participate in the vote.

The report was approved. Commission members will have an opportunity for a final review of the report with the changes by email before it is submitted.

DHS/MHDS UPDATE

Theresa Armstrong updated the Commission on DHS/MHDS activities:

Regions – Policies and procedures for all the regions, with one exception, have been approved by DHS and will be posted on website next week. The Mid-Iowa Behavioral Health Region (Marion and Mahaska counties), which is operating with provisional approval, is on an extended timeline and their policies and procedures will be added when approved. Annual reports and data from counties have previously been due to DHS by December 1 of each year. Beginning December 1, 2015, annual reports and data from regions will be due to DHS. No annual reports are due this year because they would look very much like the transition plans regions have already submitted.

Crisis Response Rules – This rules package was presented to the Administrative Rules Review Committee (ARRC) in November and was approved without any questions or issues. The rules went into effect December 1. DHS has received lots of inquiries from providers, but no official applications for accreditation yet.

Subacute Care Rules – This rules package will be presented to the ARRC in December and are scheduled to take effect December 31.

Chapter 24 Rules – DHS is embarking on a large project to rewrite the existing Chapter 24 rules for the accreditation of providers. Mary Peterson is working with Cherie Reisner and Ginger Kozak on the project, which includes:

- An intense review of the standards used in other states and by national accrediting bodies
- Determining how good quality and outcomes should be demonstrated
- Sending a survey to case management and outpatient service providers
- Holding focus group meetings to gather input from providers, IDPH, DIA, Magellan, and other entities that touch these services and providers through funding, licensure, or other means

Theresa said the discussions will be solution focused and DHS hopes that participants will come to the table with ideas on how to build on what is already being done and make improvements. Several months from now, as the process moves ahead, the Commission will be asked to form a workgroup to review what has been done and provide further input. Everyone who is interested will be welcome to participate in focus meetings. The Department would like to have the rules ready to bring to the Commission for approval to notice sometime next summer.

Community Integration Workgroup – Legislation during the last session directed DHS to conduct a study group on providing services and supports to persons with Serious Mental Illness (SMI). Commission members Deb Schildroth and Suzanne Watson are members, as is Teresa Bomhoff. The group has had several meetings and their final report is due December 15.

The workgroup discussed progress and challenges. Many of the regions are beginning to develop crisis response services and jail diversion programs, but they will not be established overnight. The group identified a list of ten recommendations:

1. High intensity, flexible and responsive services should be available for those individuals with the most complex needs. For example, ACT (Assertive Community Treatment) programs and supported employment.
2. Housing assistance should be made available to support individuals with serious mental illness in integrated housing. Including assistance in transitioning from a facility to community housing.
3. Mental health services should be easily accessible and the system should be easy to navigate. The group talked about the Aging and Disability Resource Centers and local access points.
4. Authorization and reimbursement for services should be person-centered, based on best practices and outcomes, and should reasonably meet provider costs of doing business.
5. Providers should have the capacity to meet the co-occurring and multi-occurring needs of individuals with serious mental illness.
6. DHS, Magellan and the Regions should monitor performance indicators for individuals with serious mental illness, and use this data for decision making.
7. Regulations should ensure that programs and services are consistent with community integration requirements under *Olmstead* and Title II of the ADA.
8. Systems should support programs and services necessary for sustained recovery and engagement.
9. An entity should be assigned responsibility for improving the mental health workforce shortage.
10. DHS, the MHDS Regions and Magellan should engage the criminal justice system to minimize negative interactions between law enforcement and individuals with serious mental illness.

Facilities - Rick Shults said Independence MHI has been selected by the Joint Commission, a national organization that accredits health care organizations and programs, as one of the outstanding hospitals in the United States, based on their accreditation standard review. He said it has only been a few years since the Joint Commission started recognizing psychiatric service providers, and this is an impressive accomplishment.

Rick said there are other facilities facing some challenges. There are continuing efforts to find the right person to become the new superintendent for the Cherokee MHI. Ron Mullen, the superintendent and warden at Mount Pleasant, will be retiring at the end of the month and that will leave another vacancy to be filled. The Department continues to work to recruit permanent full time psychiatrists and establish more stability in those positions. He noted that the State Resource Center psychiatrists have been very helpful in covering some of the needs at the MHIs. Both Independence and Cherokee have had relatively higher census numbers and are serving some individuals with very high acuity in their mental illnesses.

Teresa Bomhoff asked if the Department would be willing to take a stand against assault charges being filed against individuals with mental illness at the MHIs who injure staff. She said she was aware of a man with PTSD who has served two years in prison after such an incident. Rick responded that MHI workers are trained to handle those types of situations and are aware that they may work with people who could be assaultive. He said

that the Department does not file charges, but individual workers have a right to file on their own behalf and it is not within the authority of DHS to prohibit employees to take independent action to file charges if they believe that is what they need to do. The Department neither encourages nor discourages the filing of charges. He also said the once a person contacts law enforcement, the issue becomes part of that system and it is important for law enforcement personnel to have training so that people with mental illness are handled appropriately once in the judicial system.

Teresa Bomhoff asked if it would possible for psychiatrists working in the Department of Corrections, who use telepsychiatry, to help out with the needs at the MHIs. Rick Shults said that is something that could be explored as long as the quality of the services could be maintained.

Suzanne Watson asked if there are any updates on IHAWP and the medical exemption process. Rick said that the numbers for enrollment and medical exemption are going up in general; this is a time when people are going through annual renewal. Suzanne said she is aware of concerns that people are falling off the roles and losing access to services for a period of time.

JANUARY MEETING

The next meeting is scheduled for January 15, 2015 at the United Way Conference Center. The Commission requested more information about the HCBS Waiver program and how it operates be presented at the January meeting.

PUBLIC COMMENT

No public comment was offered.

The meeting was adjourned at 11:30 a.m.

Minutes respectfully submitted by Connie B. Fanselow.